

# Denti-Cal Bulletin



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## CHANGES IN COVERED BENEFITS AS SET FORTH IN SENATE BILL 26 (SBX1 26)

Effective July 1, 2003, the Department of Health Services will implement changes in covered benefits as set forth in Senate Bill 26 (SBX1 26), amending Welfare and Institutions Code Section 14132.88.

Effective August 1, 2003, the Department of Health Services will implement changes in covered benefits as set forth in Senate Bill 26 (SBX1 26), amending Welfare and Institutions Code Section 14132.88 for the Child Treatment Program (CTP).

The County Medical Services Program (CMSP) is not subject to change at the present time.

## RESTRICTION OF POSTERIOR LABORATORY PROCESSED CROWNS

Posterior laboratory processed crowns (procedures 650, 651, 652, 653, 660 and 663) will no longer be a benefit for adults 21 years of age and older except when a posterior tooth is used as an abutment for any fixed or removable prosthesis with cast clasps and rests, and meets current criteria. Providers must submit a radiograph or photograph to document an existing prosthesis. This includes prefabricated crown procedures for all bicuspid and molars.

Notices of Authorization will continue to be processed and mailed to providers up to and including June 30, 2003, however all crowns must be cemented prior to July 1, 2003 in order to be considered for payment. There will be no consideration for payment, full or partial, for undelivered crowns. ***If cemented July 1, 2003 or any date of service thereafter, payment cannot be made and will be disallowed using the following adjudication reason code:***

**263** Procedure requested is not a benefit for adults.

Denti-Cal has created a new information code to indicate the need to cement the crown before the time frame for payment has expired:

**386** This laboratory processed crown has been authorized; however, it must be cemented prior to July 1, 2003 to be considered for payment.

Denti-Cal has created a new adjudication reason code to assist in processing the Treatment Authorization Request (TAR):

**113C** Laboratory processed crowns are not a benefit for posterior teeth except for abutments for any fixed or removable prosthesis with cast clasps and rests. Please reevaluate for alternate treatment.

Denti-Cal has modified the following adjudication reason codes to assist in processing the Treatment Authorization Request (TAR):

**113** Tooth does not meet manual of criteria requirements for laboratory processed crowns. Please reevaluate for alternate treatment.

**113B** Per x-rays, documentation or clinical evaluation, tooth is developmentally immature. Please reevaluate for alternate treatment.

### **PREFABRICATED CROWNS MADE FROM ADA-APPROVED MATERIALS**

On May 5, 2003, Senate Bill 26 (SBX1 26) was signed into law and amends Welfare and Institutions Code Section 14132.88. The language of this legislative bill reads:

“For persons 21 years of age or older, laboratory-processed crowns on posterior teeth are not a covered benefit except when a posterior tooth is necessary as an abutment for any fixed or removable prosthesis.

“Any prefabricated crown made from ADA-approved materials may be used on posterior teeth and may be reimbursed as a stainless steel crown.”

Effective July 1, 2003, the Department of Health Services will implement changes as mentioned above in the following fashion:

Prefabricated crowns will remain a benefit for posterior teeth. Beginning July 1, 2003, all services rendered for *any* prefabricated crowns used as a final restoration on posterior teeth -- ADA-approved or certified materials, open faced stainless steel crowns, and/or open faced stainless steel crowns with resin -- should be submitted and will be reimbursed at the same rate as a stainless steel crown using procedures 670 or 671. This will remain in effect until Current Dental Terminology (CDT) codes are implemented for Denti-Cal.

### **RATE REDUCTION FOR SUBGINGIVAL CURETTAGE AND ROOT PLANING**

Effective for dates of service beginning July 1, 2003, the rate for subgingival curettage and root planing (procedure 452) shall be decreased from \$200 to \$118 for all beneficiaries with the exception of those residing in a Skilled Nursing Facility (SNF) or an Intermediate Care Facility (ICF) for the Developmentally Disabled. This rate includes those services with a Treatment Authorization Request (TAR) previously approved at the higher rate. The rate for beneficiaries residing in an SNF or ICF will not change.

For beneficiaries residing in an SNF or ICF, place of service fields 4, 5, or 8 must be indicated on the document in box 22, as explained in Section 3 of the Denti-Cal Provider Manual, in order to ensure payment at the correct rate. Place of service 4 or 5 should be indicated when treatment is performed in the SNF or ICF facility. Those providers treating an SNF or ICF beneficiary outside the facility in which they reside, either in a mobile van at the facility or in the provider's office, must indicate place of service 8 in box 22, as explained in Section 3 of the Denti-Cal Provider Manual. Providers must supply the beneficiary's SNF or ICF facility name, address, and telephone number in box 34 (Comments). If any other place of service is indicated, or those fields are left blank, the reduced rate will be paid. Please note: beneficiaries who reside in an SNF or ICF will continue to be screened for medical necessity.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507.